



APPLICATION SPECIAL USE PERMIT

ADMINISTRATIVE CHANGE OF OWNERSHIP OR MINOR AMENDMENT

☒ Change of Ownership ☐ Minor Amendment

[must use black ink or type]

PROPERTY LOCATION: 1504 king street

TAX MAP REFERENCE: _____ **ZONE:** _____

APPLICANT

Name: RUJU HEM DC, LLC

Address: 1504 KING STREET, ALEXANDRIA, VA 22314

PROPERTY OWNER

Name: 1500 KING STREET PARTNERSHIP,

Address: _____

SITE USE:

Business Name: **Current:** NAMASTE **Proposed (if changing):** SAME AS CURRENT

☒ **THE UNDERSIGNED** hereby applies for a Special Use Permit for **Change in Ownership**, in accordance with the provisions of Article XI, Division A, Section 11-503 (5)(f) of the 1992 Zoning Ordinance of City of Alexandria, Virginia.

☒ **THE UNDERSIGNED**, having read and received a copy of the special use permit, hereby agrees to comply with all conditions of the current special use permit, including all other applicable City codes and ordinances.

☐ **THE UNDERSIGNED** hereby applies for a Special Use Permit for **Minor Amendment**, in accordance with the provisions of Article XI, Division A, Section 11-509 and 11-511 of the 1992 Zoning Ordinance of City of Alexandria, Virginia.

☒ **THE UNDERSIGNED**, having obtained permission from the property owner, hereby requests this special use permit. The undersigned also attests that all of the information herein required to be furnished by the applicant are true, correct and accurate to the best of his/her knowledge and belief.

ABHAY SHAH

Print Name of Applicant or Agent

1504 KING STREET,

Mailing/Street Address

ALEXANDRIA , VA , 22314

City and State Zip Code

Signature

4406231405

Telephone # Fax #

abhayshah24@gmail.com

Email address

05/02/2018

Date

DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY

Application Received: _____

Fee Paid: \$ _____

Legal advertisement: _____

ACTION - PLANNING COMMISSION _____

ACTION - CITY COUNCIL: _____

2018 GHS

Special Use Permit # 2016-0082

The following information must be furnished to the Department of Planning and Zoning to determine if the current use conducted on the premises complies with the special use permit provisions and all other applicable codes and ordinances.

1. Please describe prior special use permit approval for the subject use.

Most recent Special Use Permit # 2016-0082

Date approved: december / 01 / 2016
month day year

Name of applicant on most recent special use permit Namaste 2 F & B, LLC

Use restaurant, 1504 king street

2. Describe below the nature of the *existing operation in detail* so that the Department of Planning and Zoning can understand the nature of the change in operation; include information regarding type of operation, number of patrons served, number of employees, parking availability, etc. (Attach additional sheets if necessary.)

Currently this location is functioning as fine dining restaurant. After change of Ownership
NO CHANGE IN OPERATION, TIMING, NO OF SEATS, INSIDE DESIGN,
ARRANGMENTS, NO OF EMPLOYEES, PARKING AVAILABILITY. Every thing remain same
as of current ownership

NIL

Application Admin Change Ownership.pdf
3/1/06 PnzApplications, Forms, Checklists\Planning Commission

2018-0045

Special Use Permit # 2016-0082

4. Is the use currently open for business? ☒ Yes ☐ No

If the use is closed, provide the date closed. _____ / _____ / _____
month day year

5. Describe any proposed changes to the conditions of the special use permit:

NIL

6. Are the hours of operation proposed to change? ☐ Yes ☒ No

If yes, list the current hours and proposed hours:

Current Hours:

Proposed Hours:

7. Will the number of employees remain the same? ☒ Yes ☐ No

If no, list the current number of employees and the proposed number.

Current Number of Employees:

Proposed Number of Employees:

8. Will there be any renovations or new equipment for the business? _____ Yes NO No

If yes, describe the type of renovations and/or list any new equipment proposed.

9. Are you proposing changes in the sales or service of alcoholic beverages? _____ Yes NO No

If yes, describe proposed changes:

10. **Is off-street parking provided for your employees?** ☐ Yes ☐ No
If yes, how many spaces, and where are they located?

11. **Is off-street parking provided for your customers?** ☐ Yes ☐ No
If yes, how many spaces, and where are they located?

12. **Is there a proposed increase in the number of seats or patrons served?** ☐ Yes ☒ No
If yes, describe the current number of seats or patrons served and the proposed number of seats and patrons served. For restaurants, list the number of seats by type (i.e. bar stools, seats at tables, etc.)

Current:

Proposed:

13. **Are physical changes to the structure or interior space requested?** ☐ Yes ☒ No
If yes, attach drawings showing existing and proposed layouts. In both cases, include the floor area devoted to uses, i.e. storage area, customer service area, and/or office spaces.

14. **Is there a proposed increase in the building area devoted to the business?** ☐ Yes ☒ No
If yes, describe the existing amount of building area and the proposed amount of building area.

Current:

Proposed:

15. **The applicant is the** (check one) ☐ Property owner ☒ Lessee

☐ other, please describe: _____

16. **The applicant is the** (check one) ☐ Current business owner ☒ Prospective business owner

☐ other, please describe: _____

17. Each application shall contain a clear and concise statement identifying the applicant, including the name and address of each person owning an interest in the applicant and the extent of such ownership interest. If the applicant, or one of such persons holding an ownership interest in the applicant is a corporation, each person owning an interest in excess of ten percent (3%) in the corporation and the extent of interest shall be identified by name and address.

For the purpose of this section, the term "ownership interest" shall include any legal or equitable interest held in the subject real estate at the time of the application. If a nonprofit corporation, the name of the registered agent must be provided.

Please provide ownership information here:

OWNER : RUJU HEM DC, LLC MEMBER NAME : ABHAY SHAH 100% CURRENT
ADDRESS : 6857 W 130TH STREET, PARMA HEIGHTS, OH, 44130. IF NEEDED,
OPERATING DOCUMENT CAN BE SUBMITTED
